POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			4-17-01
FORMALITY REVIEW			9-11-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

	Rejected	N	Non-elected
	Allowed	1	
	(Through numeral) Canceled	Α	
÷	Restricted	0	

· ·	- (11110agii ilailie	Restricted	O	Appeal Objected	
Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final	
2	 	52	++++	101	
3		53	++++	102	┼┼┼┼┼
		54		104	┼┼┼┼
	┤┤┤┤ ┼┼┤	55		105	
 		56	+++++	106	
8		58	 	107	+++++
		59		109	╫╫╫╫
10		60		110	
12	 	61	++	111	
13		63	++++	112	
13 . 14 . 15 . 16 . 17		64	++++	113	+
15		65		115	┤┤┤┤┤ ┤
17		66		116	
18		67		117	
19		69	 	118	++
20		70	 	119	+++++
21		71	 - - - - 	121	++++++
22		72		122	
24		73		123	
25		75		124	
26		76		125	++++-
27		77		127	+++++
28	++++	78		128	
29 80 V V		79 80		129	
31	 	81		130	
32		82		131	
33		83		133	
35	+++++	84		134	
36	 	85		135	
38	 	87		136	+
		88		138	
39 40		89		139	
41	++++	90		140	
42	 	91 92	++++	141	
43	╵╸╏╸╏╸╏╸╏	93	╌┼┼┼┤╎	142	
44		94	╅┼┼┼┤╎	143	+++++
: 45		95	╅┼┼┼┤	145	++++
46	++++	96		146	++++
48	╁┼┼┼┼┤	97		147	
49	┼╎╎╎┼┤ ┤╽	99	╫┼┼┼	148	
50 V V		100	┤╸ ┤╸┤╴┤	149	

If more than 150 claims or 10 actions staple additional shee BEST AVAILABLE COPY (LEFT INSIDE)